Effe	Effective October 1, 2003				radiliber	
CLAIMS AS FILED - PART I				097/1893		
TOTAL CLAIMS	(Column 1)	(Column 2)	SMALL TYPE		OTHER THAN	
FOR	NUME	,	RATE	FEE	SMALL ENTITY	
TOTAL CHARGEABLE CLAIMS	NUMBER FILED	NUMBER EXTRA	BASIC FE	E 305.00	RATE FEE	
INDEPENDENT CLAIMS	minus 20=	*	X\$ 9=	 	BASIC FEE 770.00	
MULTIPLE DEPENDENT CLAIM PR	minus 3 =		X43=	OR	X\$18=	
				OR	X86=	
* If the difference in column 1 is less than zero, enter "0" in column 2			+145= TOTAL	OR	+290=	
(Column 1) (Column 1)						
	(Column HIGHES	T (September 1)	SMALLE	NTITY OR S	OTHER THAN MALL ENTITY	
Total * Mi	NUMBEI PREVIOUS PAID FOI	SLY FRESENT		ADDI-	ADDI-	
Independent * Mi	nus **	=	1	FEE	ATE TIONAL FEE	
FIRST PRESENTATION OF MULTI	nus ***	=	X\$ 9=	OR X	618=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X\$18= X43= OR X86=					86=	
3/7/ D7 OR +290=					90=	
(Column 1) CLAIMS	(Column 2)) (Column 3)	ADDIT. FEE	OR ADDIT	OTAL FEE	
CLAIMS REMAINING AFTER AMENDMENT Total Independent * Minus	HIGHEST NUMBER PREVIOUSLY		AC	DDI-		
Total * Minus	PAID FOR	EXTRA	RATE TIO	NAL RAT	ADDI- E TIONAL	
Independent * Minus	- 4	=	X\$ 9=		FEE	
FIRST PRESENTATION OF MULTIPLE	E DEPENDENT CLAIN		X43=			
			+145=	7		
(Column 1)			TOTAL DIT. FEE	OR +290=	1 . 1	
CLAIMS REMAINING	(Column 2) HIGHEST	(Column 3)	OII. FEE	OR ADDIT. FE	Ē	
AFTER AMENDMENT	NUMBER PREVIOUSLY	PRESENT EXTRA	ADDI		ADDI-	
Total * Minus	PAID FOR		RATE TIONA FEE	RATE	TIONAL	
Independent * Minus	***	X	\$ 9=	OR X\$18=	FEE	
X43= OR X86-					 	
If the entry in column 1 is less than the entry in column 1						
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the birth.						
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE PTO-875 (Rev. 10/03)						